



# VACCINATION DOCUMENTATION WORKSHEET

U.S. Department of State  
For Use with DS-2053

OMB No. 1405-0033  
EXPIRATION DATE 08/31/2007  
ESTIMATED BURDEN 20 minutes  
(See Page 2 - Back of Form)

To Be Completed by Panel Physician Only

Name (Last, First, MI.)		Passport Number		Alien (Case) Number		Exam Date (mm-dd-yyyy)		REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS			
Birth Date (mm-dd-yyyy)								NOT REQUIRED FOR REFUGEE APPLICANTS			
1. Immunization Record											
Vaccine History Transferred From a Written Record (List Chronologically from Left to Right)											
Vaccine	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Vaccine Given by Panel Physician (mm-dd-yyyy)	Completed Series (✓ if Completed, Write "VH" if Varicella History, or write Date of Lab Test if Immune)	Blanket Waiver(s) To Be Requested if Vaccination Not Medically Appropriate, Check Suitable Box(es) Below				
DT/DTp/DTap							Not Age Appropriate	Insufficient Time Interval	Contra- indicated	Not Routinely Available	
Td											
Polio (OPV/IPV)											
Measles (or MR or MMR)											
Mumps (or MMR)											
Rubella (or MR or MMR)											
Rotavirus											
Hib (Haemophilus Influenzae Type B)											
Hepatitis A											
Hepatitis B											
Meningococcal											
Human papillomavirus											
Varicella											
Pneumococcal											
Influenza											
2. Results											
<input type="checkbox"/> Vaccine History Incomplete											
<input type="checkbox"/> Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above).											
<input type="checkbox"/> Applicant will request an individual waiver based on religious or moral convictions.											
<input type="checkbox"/> Vaccine history complete for each vaccine, all requirements met (Documented Above).											
<input type="checkbox"/> Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.											
3. Panel Physician (Name)											
Panel Physician (Signature)											
Date (mm-dd-yyyy)											

## PRIVACY ACT NOTICE

**AUTHORITIES:** This information is sought pursuant to Section 212(a), 212(d), 101, and 412(b)(4) and (5) of the Immigration and Nationality Act.

**PURPOSE:** The primary purpose for soliciting medical information is to determine whether an applicant is eligible to obtain a visa and alien registration. This form is designed to record the result of the medical examination required by INA 221(d), which determines whether an applicant has a medical condition that renders the applicant ineligible under INA Section 212(a).

**ROUTINE USES:** The information solicited on this form may be made available to the U.S. Department of Homeland Security for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. The information provided also may be released to federal agencies for law enforcement, counter-terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies of certain personnel and records management matters.

Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

## PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of burden and recommendations for reducing it to : the U.S. Department of State (A/ISS/DIR) Washington, DC 20520-1849.